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PATENT APPLICATION FEE DETERMINATION RECOR								D 760-001					
CLAIMS AS FILED - PART I								SMALL ENTITY			OR	OTHER T	
(Column 1) (Column 2) FOR NUMBER FILED NUMBER EXTRA							RATE FEE		7	RATE	FEE		
BASIC FEE (37 CFR 1.16(4))						,				s_375	OR		s
TOTAL CLAIMS (37 CFR 1.16(c))			minus 20 =			•			=	ļ	OR	x \$=	
INDEPENDENT CLAIMS (37 CFR 1.16(b))			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			<u>  •                                     </u>			x=		OR	<u>x =</u>	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(4))							+=			OR	+=		
If the difference in column 1 is less then zero, enter "0" in column 2							TOTAL 375			OR	TOTAL		
CLAIMS AS AMENDED - PART [] (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OR	OTHER T	1	
AMENDMENT A		REMA AFT	AIMS AINING TER DMENT		NU PREV	GHEST JMBER VIOUSLY JD FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	•		Minus	**		=	x S	_		OR	x S =	
	Independent (37 CFR 1.16(b))	•		Minus	***		=				OR	x =	
		ENTATI	ON OF MULTIPLE DEPENDEN		T CLAIM	(37 CFR 1.16(d))		<u> </u>		OR	<u>^</u>		
								TC	TAL		OR OR	TOTAL	
		(Colu	mn 1)		(Co	lumn 2)	(Column 3)	ADDIT.	FEE			DDIT. FEE	
AMENDMENT B		REMA AFT	LIMS LINING TER DMENT		NI PREV	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA	R.	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	•		Minus	••		=	x \$_	=		OR	x S =	
	Independent (37 CFR 1.16(b))	•		Minus	***		=	x_	_=	-	OR OR	x =	
٧	FIRST PRESENTATION OF MULTIPLE				ENDEN	T CLAIM	(37 CFR 1.16(d))	1)) +			OR	+=	
	(Column 1) (Column 2) (Column 3)						ADDIT	TAL FEE		OR A	TOTAL DDIT. FEE		
AMENDMENT C		REMA AFT	LIMS LINING TER DMENT		NU PREV	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA	R/	TE.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	•		Minus	••		=	x s_	_=		OR	x S =	
	Independent (37 CFR 1.16(b))	•		Minus	•••		=	x_	=		OR OR	x =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR ( 14(4)))							-	=		OR	+ =	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											OR A	TOTAL DDIT FEE	
							, enter "3". hest number found	in the and	roncial	e hax in colu	na i		

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Inc. Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden How Statement: This form is estimated to take 0.2 hows to complete. Time will vary depending upon the needs of the individual case.

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